L. DIETARY AND OTHER INFORMATION

Infant's last name

First name

1 **On what day and at what approximate time was the infant last fed?**

Month / Day / Year — Military time (:)

2 **What is the name of person who last fed the infant?**

First name Last name

3 **What is his/her relationship to deceased infant?**

4 **What foods and liquids was the infant fed in last 24 hours?**

	Unknown	No	Yes	Quantity	Specify
a) Breast milk					One/both sides, number of times
b) Formula					Brand, water source (e.g., Similac, tap water)
c) Water					Brand, bottled, tap, well
d) Other liquids (*e.g. teas, juices*)					
e) Solids					
f) Other					

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e) Solids					
f) Other					

6 **Was the infant placed to sleep with a bottle?**

☐ Yes ☐ No → Skip to question **8** below

7 **Was the bottle propped?**

☐ Yes ☐ No

8 **Was the last meal different from what the infant had in the 24 hours prior to his/her death?**

☐ Yes ☐ No

Describe differences (*e.g. content, amount, change in formula***)**

9 **Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified? (***e.g., exposed to cigarette smoke or fumes at someone else's home, infant unusually heavy, placed with bottles or toys, placed with positional supports or wedges***)**

☐ Yes ☐ No

Describe any factors, circumstances, or environmental concerns

Section completed on / / at by

Where/How